



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1521

DATE: June 25, 2015

TO: Iowa Medicaid Intermediate Care Facilities

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Clarification on Billing the Ventilator Rate

EFFECTIVE: Upon Receipt

This Informational Letter clarifies the rules for ventilator dependent members and provides direction on the billing for this service.

Providers must complete the [Level of Care Certification for Facility](#)¹ form, for all members admitted into a facility. It is important that the nursing facility accurately indicate when the criteria for skilled needs include ventilator care. Ventilator usage should be indicated for members requiring a ventilator for at least six hours every day.

Members residing in nursing facilities that meet the requirements for skilled and ventilator care will receive a special rate. The rate is equal to the sum of the Medicare-certified hospital-based nursing facility direct care rate component limit, plus the Medicare-certified hospital-based nursing facility non-direct care rate component limit factor pursuant to subparagraph 81.6(16) "f"(3).

To receive accurate claim payment for ventilator care, providers must include an applicable diagnosis code that indicates ventilator dependency. Both the current ICD-9 diagnosis codes and the upcoming ICD-10 diagnosis codes are included below. ICD-10 coding will be effective for dates of service October 1, 2015, and after.

ICD-9	ICD-10
V46.11	J95.850
V46.12	J95.851
V46.13	J95.859
V46.14	Z99.11
	Z99.12

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at IMEProviderServices@dhs.state.ia.us.

¹ <http://dhs.iowa.gov/sites/default/files/470-4393.pdf>